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Tânia Marina Araújo Ferreira
Children Physical Punishment - The
perception of medical students

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Children Physical Punishment – The perception of medical students

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Professora Doutora Teresa Magalhães

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Children Physical Punishment - The perception of medical students

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Abstract

Objective: Physical punishment (PP) of children may constitute an abuse with severe consequences. Physicians have an important role in its detection, report and prevention. The aim of this study is to evaluate if medical students legitimate PP, and the influence that their personal past experience, certain personal features and training about violence and abuse during the medical course have on it.

Methods: We applied a questionnaire to 502 medical students of the 1st and 6th years of the University of Porto - Portugal. It was constituted by 4 scales to evaluate the legitimization of PP, self-esteem, optimism/pessimism and social skills.

Results: The PP legitimization totals mean score was 33.35 (range 14-70). PP was indifferent or accepted as an educational method by 37.2% of the students and 67.3% didn't express opinion or disagreed that this practice should be legally repressed. Legitimization was higher in the 1st year when compared to the 6th ($p=.006$). Personal past experience, low self-esteem, low social skills and pessimism were positively correlated with legitimization of PP.

Conclusion: Although the majority of the students seem to not legitimate PP, possibly representing a positive influence of the learning process during the course, it's clear that a non-negligible number of them accept it or do not conceive any opinion. Thus, it will be necessary, during their medical training, to take into consideration the influence of the personal past experience as well as other personality features, highlighting the essential and privileged role of the physician in the prevention of child abuse.

Keywords: Child abuse, Physical punishment, Legitimization, Medical students.

Introduction

The choice of the best children educational method is a subject that concerns caregivers (namely parents) and causes big controversy even among scientific community (Donoso & Ricas, 2009).

Physical punishment (PP) is one of the methods caregivers use to promote education and behaviour changes in children. It was defined by Straus (1994) as the “use of physical force with the intention of causing a child to experience pain but not injury for the purposes of correction or control of the child’s behaviour”.

However, it is well known that some of these PP practices may cause physical injuries, mostly minor, but sometimes severe causing even death (Cavanagh, Dobash, & Dobash, 2007; Oates, 2011). Also it’s now fully accepted that PP does not bring benefits to children education (Ferguson, 2013), and can even generate adverse consequences, as behavioural and psychological harm (Gamez-Guadix, Straus, Carrobbles, Munoz-Rivas, & Almendros, 2010; Gershoff, 2002). Therefore, there is increasing evidence that this method may consist in a sort of abuse, although sometimes it’s not understood as such.

In fact, it is still a socially tolerated act, common among caregivers and associated to beliefs and other cultural aspects (Bell & Romano, 2012; Donoso & Ricas, 2009). The acceptance of this practice is often related to the fact that in most cases, there is no intention of hurting the child, but only the objective of punish/teach him/her (J. E. Durrant, 2008; Straus, 2000).

Simultaneously, most cases of PP refer to demeanours which society consider as harmless (like spanking), or even as normal (Donoso & Ricas, 2009; Gracia & Herrero, 2008).

According to Straus and Stewart (1999), in an American-population representative study, 94% of toddlers’ parents reported the use of PP in the 12 months previous to the time when questionnaire was applied.

In this perspective, there is a blurred line between PP and physical abuse (PA) (J. E. Durrant, 2008; Lansford & Dodge, 2008) which, in some cases, may be difficult to distinguish. In general, it is considered that a case of PP configures a PA when injuries result from it. However, we should be aware that PP (even without injuries) can also psychologically harm the child, which is an aspect that shouldn't be slighted (Butchart, World Health Organization., & International Society for the Prevention of Child Abuse and Neglect., 2006; Gamez-Guadix et al., 2010). In fact, and given that almost 75% of PA cases are a consequence of PP, there's an increasing concern to admonish this practice in order to prevent child abuse (J. Durrant et al., 2006; J. E. Durrant, 2008; Gracia & Herrero, 2008; Oates, 2011; Straus, 2000).

In what the Portuguese population concerns, a retrospective study showed that 73% of parents experienced some kind of PA in their childhood (Figueiredo et al., 2004) and, according to another Portuguese study, 12.3% of parents admitted the use of some sort of PP in their children in the year previous to the study (Machado, Goncalves, Matos, & Dias, 2007).

These aspects highlight the importance of helping caregivers that sometimes may be uninformed or may have doubts about the most suitable attitudes toward certain children behaviours (Keller & McDade, 2000). The relevance of the guidance given to caregivers by health professionals, mainly by paediatricians or general practitioners, is well documented. According to Taylor and collaborators (2013), paediatricians, in comparison with other professional groups, are the most commonly asked by parents in order to clarify what's the most adequate educational approach, being their advices the most followed. In fact, an important way to promote the practice of most effective and less violent educational methods, like reasoning or removal of privileges and time-out, emerge from the intervention of health professionals, which should be informed in order to approach these questions in the best way

possible (J. E. Durrant, 2008; Knox, 2010). However, a questionnaire applied to United States American paediatricians revealed that they are not properly prepared to promote counselling about abuse prevention, since they have poor contact and training approaching this theme during the medical course (Borowsky & Ireland, 1999).

According to a Tirosh study (Tirosh, Offer Shechter, Cohen, & Jaffe, 2003), more than 50% of paediatricians and general practitioners that were part of the studied sample approved the PP in several levels of severity, and in another study that included parents, paediatricians and medical students showed that approximately 56% of paediatricians and medical students believed that beating children is an acceptable way of educational discipline (Orhon, Ulukol, Bingoler, & Gulnar, 2006).

These data reflect some of the gaps still existing among the medical community, where it's necessary to intervene, instructing physicians and future physicians about appropriate discipline techniques, the discouragement of the PP, and how to detect and report PA (Tirosh et al., 2003; Trovão, 2012).

Since medical students have big potential to intervene hereafter in the community and promote new strategies of violence detection and prevention, the goal of this study is to assess their degree of legitimization towards PP also studying the influence of their personal past experience, certain socio-demographic and personal features (e.g. self-esteem and social skills), and of the learning about violence and abuse during the medical course on that legitimization.

Method

Participants. This cross-sectional study was performed with medical students of the University of Porto - Portugal (Faculty of Medicine and “Abel Salazar” Biomedical Sciences Institute). There were included students of the 1st and 6th years, respectively the first and the last years of the medical course, with the goal of allowing the evaluation of the influence of

medical training on violence and abuse during the curricular program, namely in what concerns the discipline of forensic medicine, which provides about 6 hours (theoretical and practical) on this topic, in the 5th year. The study focused only in these two medical schools because their curriculum is similar and supervised by the same professor.

The sample (after exclusion of 62 questionnaires due to incomplete answers) was constituted by 502 participants, representing 63% of the totality of the medical students of the 1st and 6th years of both medical schools. Respondents of the 1st year represented 55.2% ($n=277$) of the sample. Mostly were female (66.3%) and the mean age was 21.6 years old (min=17; max=40; SD=3.7). In what concerns the familiar context, in 87% of the sample, parents were married, and 79% of these lived with them; in 11% the parents were divorced and in 2% were widowers. The distribution of the parents' educational level was the following: 21.7% had basic school level, 24% had secondary, and 54.3% had a bachelor or higher level of education. Students' parents have a single child in 22.1%, 2 children in 57.4% and more than 2 in 20.5%.

General surgery (8.8%), paediatrics (7.2%) and general practice (5.8%) were pointed out as future desired medical specializations by the students, although 33.1% didn't know what their choice would be yet.

Procedures. An *e-mail* was sent to all students of 1st and 6th years of both medical schools with a questionnaire. Those who didn't answer by *e-mail* were contacted in person during theoretical classes so that they could answer it. Students participated voluntarily and confidentiality was granted, with no element likely to identify them in the questionnaire.

Measures. The perception about violence and PP by medical students and some of their personal features which interfere in those concepts validation were evaluated using four scales, aiming to understand the participants' attitudes and behaviour towards certain

situations.

The first scale was constructed by the research team and comprises 14 items which consist in common affirmations that support PP legitimization. The participants had to choose, using a 5-point Likert scale (from “Totally Disagree”=1 to “Totally agree”=5), whether they do or do not agreed with the affirmations. The possible score range is 14-70, with a higher score meaning a higher legitimization. The global internal consistency of the scale was $\alpha=0.74$, measured by Cronbach’s alpha.

The second was the *Rosenberg Self-Esteem Scale* (RSES), previously validated for the Portuguese population (Santos, 2008), which consists of 10 affirmations with 4-point Likert-like answers (from “Totally disagree”=1 to “Totally agree”=4) to evaluate participants’ global self-esteem. The possible score range is 4-40, with a higher score meaning a higher self-esteem. The global internal consistency of the scale was $\alpha=0.88$, measured by Cronbach’s alpha.

The third was the *Mehrabian Optimism/Pessimism* (MOP) *Scale*, validated to the Portuguese population (Custódio, 2010) and used to evaluate the emotional and cognitive predisposal of the sample. The scale consists of 8 affirmations with 4-point Likert-like answers (from “Totally disagree”=1 to “Totally agree”=4), being composed by two parts (one evaluating optimism and the other the pessimism), each one with 4 questions; the possible score range is 4-16 for each one, with a higher score meaning a higher optimism or a higher pessimism, respectively. The global consistency of the scale was $\alpha=0.70$, measured by Cronbach’s alpha. Finally, to evaluate the social relationships, we applied 7 items of the *Social Skills Inventory* (SSI) (Del-Prette, 2001), with 4-point Likert-like answers (from “I don’t identify myself at all and most of the times it doesn’t cross my mind or I wouldn’t do it”=1 to “Really agree, and I feel I would act like that most of the times”=4). The possible score range is 4-28, with a

higher score meaning a higher social skills. The global internal consistency of the scale was $\alpha=0.80$, measured by Cronbach's alpha.

The majority of students (99.4%) considered their answers as generally honest, being 68.1% "Totally honest" and 31.3% "More or less honest"; this values didn't justify the use of "honesty" variable in correlation analysis.

Statistical analysis. The information collected was introduced into a database using the SPSS for Windows Statistical program v21.0 which was also used to perform the statistical analysis.

To study the socio-demographic data of the sample it was used the univariate analysis.

Bivariate analysis was used to investigate the differences between the 1st and 6th years in the diverse parts of the questionnaire. T-test was used to compare means. The relation between the legitimate component and the other scales was made by Spearman's correlation.

Differences between socio-demographic data or questions which report the self-experience and the different scales were checked by one-way ANOVA.

A significance level of $\alpha = 5\%$ in the hypothesis test was considered.

Results

Perception about violence and physical punishment. The mean global score on the evaluation of the PP legitimization was 33.35 (SD=7.33). The mean score on the 1st year was higher than the one on the 6th year, representing a significant statistical difference between the two groups (Table 1).

On table 2 are presented in detail the students' answers given to the different affirmations included in the 1st questionnaire, comparing both medical school's years; there were considered concordant opinions the ones classified as "Agree" or "Totally agree" and discordant the ones classified as "Disagree" or "Totally disagree". Results showed that: (a)

violence was not considered an acceptable method to defend themselves by 73.9% of the students, with statistically significant differences between years; (b) 62.8% of respondents considered PP an unacceptable practice as an educational method and 14.1% of them were indifferent to that issue; (c) 44.4% totally disagreed or disagreed that PP should be legally repressed because it constitutes an act of violence and 22.9% didn't express any opinion about the statement; (d) 46.6% accepted the use of some physical types of violence (pinch, pulling ears or spanking) to have educational purposes when used at the right time, and 16.9% of them answered with indifference regarding the purpose; (e) in spite of the former results, 64.2% totally disagreed or disagreed with the use of pedagogic snap (with statistically significant differences between the two groups) and 88.4% totally disagreed or disagreed with the use of instruments (as the wooden spoon and the belt) being 6% of the students indifferent and 5.6% concordant with these methods; (f) the act of shaking a baby violently was not considered likely to be a crime for 26.1% and was indifferent to 12.7% of the students, but, in spite of those opinions, 88.5% knew that it can cause serious injuries, with statistically significant differences between the two groups; (g) the majority of the students (78.3%) didn't consider PP a common and important practice for their upbringing as well as 70.2% totally disagreed or disagreed that parents should be the only ones responsible for the decision of using PP as an educational method; (h) only 15.9% of the students agreed or totally agreed that the use of physical force can be justified to parents to teach children how to respect adults (with statistically significant differences between the groups – $p = 0.023$), and 16.1% admitted that there are situations when dialogue is not enough and 14.5% expressed indifference regarding this issue; (i) 88.1% of the students, disagreed or totally disagreed that PP should only be repressed when injuries result from it, and 90.3% considered that psychological harm can come out of it, with statistically significant differences being observed in the former between the 1st and 6th years groups.

For the totality of the sample, 12.4% of students chose the "indifferent" hypothesis in face of the 14 items of the questionnaire (min=5.4% for *"serious damage resulting of shaking a baby violently"* and max=22.9% for *"PP should legally repressed once it constitutes an act of violence"*, showing no opinion concerning this theme.

Sample self-portrayal. Regarding the RSES, it was observed a mean score of 32.59 (SD=4.92), being higher in the 6th year, with statistical significance ($p = .000$), when compared with the 1st year (Table 1). According to the MOP Scale, 1st year students were more pessimists than the 6th year, with this difference being also statistically significant ($p = .009$) (Table 1). The mean global score of the SSI was 20.21 (SD=4.28). Students of 6th year obtained a mean score which was higher when compared to the 1st year, but this difference showed not to be statistically significant (Table 1).

It was observed a negative correlation between the legitimization of PP and the self-esteem evaluated by RSES ($r = -.123$; $p = .006$) as well as between the social relationships of the sample evaluated in SSI ($r = -.089$; $p = .047$). Between the legitimization of PP and the pessimism evaluated in MOP Scale it was demonstrated a positive correlation ($r = .100$; $p = .025$). In what concerns the optimism, evaluated in this same scale, there was also found a positive correlation; however, no statistically significant differences were found ($r = .018$; $p = .690$).

Sociodemographic data and physical punishment personal past experience. A one-way-ANOVA was run to verify if there were differences between the PP legitimization mean score and the different answer groups of socio-demographic data (parents schooling and familiar context) and PP personal past experiences. It wasn't observed statistically significant differences for socio-demographic data. Regarding PP personal past experience (*"When I was a child, physical punishment was a common practice and that practice showed*

to be important for my upbringing”), it was found a statistically significant difference ($p = .000$).

Discussion

This study focus on the legitimization of some situations linked to PP by medical students of the 1st and 6th years of the University of Porto, and evaluates also the influence that some personal features and learning about violence and abuse on curricular program may have on their opinion.

Regarding the specific evaluation of the legitimization of PP, we found a global score of 33.35, which indicates that globally, students don’t approve PP as an educational method, being the obtained score roughly equivalent to a mean score of 2 (“disagree”) to each of the items of the scale. Also, we observed that approximately 74% of the sample considered violence as an inappropriate method for us to defend ourselves and, in the specific affirmation concerning acceptance of PP as a way to promote education, approximately 23% of the sample totally agree or agree with it. In this context, 44.4% didn’t support its legal repression being this position indifferent to 22.9% of the sample. Considering that we are facing a population that will have direct contact with these kind of practices, and that physicians that share an opinion in favour to PP and are not aware of all the negative consequences of this practice are less likely to recognize and to report PA, some specific questions deserve a more careful analysis (Labbe, Laflamme, & Makosso-Kallyth, 2012; Orhon et al., 2006; Trovão, 2012).

In line with previous studies (Figueiredo et al., 2004), we found that disapproval of PP is more evident when more severe punishment, with more serious harm, is involved. Thus, it was observed an increasing degree of legitimization from the act of shaking violently a baby and the use of instruments to the pinch, pulling of ears or spanking, to promote education or behavioural changes.

This evidence can conjoin with cultural question and even with personal experiences of these practices in the past since students can identify their personal upbringing with the less severe PP examples given and, in this way, not assume that certain behaviour was wrong. Also, it seems hard for students to judge their caregivers (mostly parents) and consequently who practice the PP, by having committed a violent act. These facts were observed in this study, since that, and as referred previously, 67.3% of the students didn't support or have no opinion regarding the legal repression of PP, giving the idea that they really believe that a certain degree of punishment was useful on their education (Bell & Romano, 2012; Labbe et al., 2012) – although only 8.4% assumed it completely.

In fact, the influence of past experiences in the validation of PP was also reassured by the statistically significant differences ($p = .000$) observed between the PP legitimization mean score and the answer's groups to the question *"When you were a child, physical punishment was a common practice and that practice showed to be important for my upbringing"*. So, there was evidence that the past experiences truly influence the answers regarding this educational method.

We found that a lower self-esteem, a lower social skills and a higher pessimism, evaluated by RSES, SSI and MOP Scale, respectively, were correlated with a greater legitimization of PP ($p = .006$; $p = .047$; $p = .025$, respectively). Another evidence concerns the fact that we found statistically significant differences between the 1st and the 6th years regarding PP legitimization: we globally observed a lower validation in the 6th year students, being this present in all the statistically significant affirmations (9 out of 14 affirmations). However, when we refer to RSES and SSI, only the first showed a statistically significant difference. Although there is scientific evidence that a lower self-esteem and anti-social attitudes, as well as a poor emotional and behavioural control are risk factors associated to abuse (Ateah, Secco, & Woodgate, 2003; Seng & Prinz, 2008; Straus, 1994), according to Stith and

collaborators (2009), self-esteem is related more with neglect than with PA. In this way, it's valid to consider that the statistically significant difference for legitimization between the university level (1st/6th year) cannot be entirely explained by the difference found in self-esteem. It might be thought that in this case the medical school program on violence and abuse, during the 5th year, can have positively influenced the PP validation, leading to a lesser degree of legitimization.

In spite of these general results, students seem to be still contradicting themselves in opinions given concerning PP, particularly when it comes to consider it an eventual crime. Although in Portugal PP is legally repressed since 2007, our study showed that only 32.7% of the sample answered that it should be legally repressed because it constitutes a violent act, but afterwards, only 5.2% considered that it should be a crime only if injuries come out of it and only 2.6% believed that it doesn't cause psychological harm. Also, regarding shaken baby, approximately 26% totally disagreed or disagreed that the act of shaking violently a baby should be considered a crime, although 88.5% knew it can cause serious injuries.

These results show us that there is still need for intervention in some professional groups – such as physicians - towards the prevention of acts of violence against children, namely concerning PP.

Conclusions

Results of this study allow us to conclude that:

- a. Globally, medical students of the University of Porto show a low degree of PP legitimization, although 37% hadn't disagree with its practice;
- b. PP legitimization is less observed when we refer to apparently more severe punishment, for example, making use of objects;

- c. Students of 6th year legitimate PP less than 1st year ones, supposedly due to the positive influence that specific information and adequate training on this subject can have;
- d. A higher legitimization of PP is linked with PP personal past experience and correlated with lower self-esteem, lower social skills and a higher pessimism scores;
- e. Approximately 67% of the students didn't support or have no opinion regarding the legal repression of PP;
- f. 12% of this differentiated population (college students) doesn't have a specific or consistent opinion about this topic.

Although the majority of these future physicians doesn't seem to legitimate PP, what might represent a positive influence of the learning process during the medical course, it's clear that a non-negligible number of them accept it or don't conceive any opinion. In future studies it will be necessary to ensure that the influence of the PP personal past experience and the existence of certain features of personality don't contribute to a greater legitimization. Thereby, it's important to approach these questions clarifying its definitions with practical examples of what PP and PA cases may be, as well as the physical and psychological harm that can arouse from them, highlighting the essential and privileged role of the physician in the detection, report and treatment of these cases.

Integrity of research and reporting

Ethical approval. It was ensured that personal information concerning students was protected, confidential and anonym in accordance with ethical rules. Ethical approval for the study was granted by the Ethics Committee of the Centro Hospitalar de São João.

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Conflict of interest. None.

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Tables

Table1. Scales' mean scores. Comparison between the 1st and 6th years.

		Year	<i>N</i>	Mean	<i>p</i>
PP Legitimization Scale (range 14-70)		1 st	277	34.15	.006
		6 th	225	32.36	
		Total	502	33.35	
<i>Rosenberg Self-Esteem Scale (RSES)</i> (range 4-40)		1 st	277	31.84	.000
		6 th	225	33.52	
		Total	502	32.59	
<i>Mehrabian Scale</i>	Optimism (range 4-16)	1 st	277	12.18	.643
		6 th	225	12.27	
		Total	502	12.22	
	Pessimism (range 4-16)	1 st	277	9.57	.009
		6 th	225	9.22	
		Total	502	9.41	
<i>Social Skills Inventory (SSI)</i> (range 4-28)		1 st	277	20.10	.543
		6 th	225	20.34	
		Total	502	20.21	

Table 2. Physical Punishment Legitimization. Comparison between the 1st and 6th years (%).

	Year	TD ¹	D ²	I ³	A ⁴	TA ⁵	<i>p</i>
It is acceptable to use physical violence as a form of self-defense.	1 st	26.7	41.5	13.4	15.9	2.5	.001
	6 th	38.2	42.7	6.2	12.4	0.4	
	Total	31.9	42.0	10.2	14.3	1.6	
PP can be acceptable for educational purposes.	1 st	27.8	31.0	16.2	22.0	2.9	.053
	6 th	35.6	32.0	11.6	18.2	2.7	
	Total	31.3	31.5	14.1	20.3	2.8	
PP should legally repressed since it constitutes an act of violence.	1 st	12.6	35.0	21.7	20.9	9.7	.256
	6 th	13.3	27.1	24.4	24.0	11.1	
	Total	12.9	31.5	22.9	22.3	10.4	
Pinch, pulling ears or spanking are ways to educate children. Used at the right time show to have educational purposes.	1 st	11.2	19.5	18.1	33.9	17.3	.010
	6 th	16.0	27.6	15.6	25.8	15.1	
	Total	13.3	23.1	16.9	30.3	16.3	
The pedagogic snap is very positive.	1 st	30.7	24.5	22.0	16.2	6.5	.000
	6 th	37.8	37.3	12.0	9.3	3.6	
	Total	33.9	30.3	17.5	13.1	5.2	
There are children with the capacity to irritate the progenitors until exhaustion. Using objects to hit them - belt, wooden spoon - makes them suppress their behavior.	1 st	62.5	22.4	7.9	6.1	1.1	.018
	6 th	68.4	24.4	3.6	3.1	0.4	
	Total	65.1	23.3	6.0	4.8	0.8	
Shaking a baby violently, even though the goal is to calm him/her up, should be legally repressed.	1 st	16.2	10.8	17.3	33.9	21.7	.004
	6 th	13.8	11.1	7.1	27.1	40.9	
	Total	15.1	11.0	12.7	30.9	30.3	
Shaking a baby violently can result in serious damage.	1 st	2.5	3.6	7.6	37.5	48.7	.001
	6 th	4.4	1.8	2.7	16.4	74.7	
	Total	3.4	2.8	5.4	28.1	60.4	
Parents should decide on the best way to educate their children and PP is one of such forms.	1 st	30.7	36.5	16.2	16.2	0.4	.135
	6 th	37.3	36.4	11.1	14.2	0.9	
	Total	33.7	36.5	13.9	15.3	0.6	
Parents should use physical force on their children so that they learn how to respect adults.	1 st	36.1	31.8	12.3	17.7	2.2	.023
	6 th	39.6	37.3	12.0	10.2	0.9	
	Total	37.6	34.3	12.2	14.3	1.6	
Some problems associated with raising children cannot be addressed by means of dialogue.	1 st	30.7	35.7	15.9	13.7	4.0	.052
	6 th	38.7	34.2	12.9	12.0	2.2	
	Total	34.3	35.1	14.5	12.9	3.2	
PP should be legally repressed only if traumatic injuries result from it.	1 st	54.9	29.2	9.0	6.9	0	.001
	6 th	69.8	23.1	4.0	1.8	1.3	
	Total	61.6	26.5	6.8	4.6	0.6	
PP isn't liable to cause psychological harm because its goal is good.	1st	54.9	32.1	9.4	3.2	0.4	.002
	6th	66.7	27.6	4.4	0.9	0.4	
	Total	60.2	30.1	7.2	2.2	0.4	
When I was a child, PP was a common practice and that practice showed to be important for my upbringing.	1 st	49.8	26.0	14.8	8.7	0.7	.210
	6 th	53.3	28.0	11.6	6.2	0.9	
	Total	51.4	26.9	13.3	7.6	0.8	

¹Totally disagree; ²Disagree; ³Indifferent; ⁴Agree; ⁵Totally agree

ANEXOS

ANEXO 1 - Normas de publicação de acordo com a revista *Child Abuse & Neglect*

DESCRIPTION

Historically, child protection has been commonly perceived to be a matter of concern to professionals in specialized social service, health, mental health, and justice systems. However, *Child Abuse & Neglect: The International Journal* also welcomes contributors and readers interested in children's safety in the settings of everyday life - homes, day care centers, schools, playgrounds, youth clubs, health clinics, places of worship, and so forth. *Child Abuse & Neglect* also invites the engagement of other social scientists (e.g., anthropologists, economists, historians, planners, political scientists, and sociologists) and humanists (e.g., ethicists, legal scholars, political theorists, and theologians) whose studies may contribute to an understanding of (a) the evolution of concepts of - and strategies for - child protection and (b) the responsibilities of individual adults and the institutions of which they are a part to ensure children's safety and their humane care.

Limited by neither geography, profession, nor setting, the readers of *Child Abuse & Neglect* have diverse education, experience, interests, and needs for information. Accordingly, the journal seeks the expression of authors' ideas and their empirical findings clearly and cogently, so that articles are accessible to a broad audience. The journal also expects authors to approach problems of child abuse and neglect with a level of care commensurate with the fundamental importance of children's rights to the protection of their personal security, the promotion of their sense of dignity, and the assurance of love and respect in the relationships most important to them.

Toward those ends, *Child Abuse & Neglect* invites research and commentary on the following topics, among others:

- the conditions that foster or threaten children's safety and sense of personal security in their homes and other settings of everyday life;
- the conditions that enable or hinder parents', extended family members', other caregivers', and other community members' efforts to ensure children's personal security;
- programs and practices to facilitate children's protection from harms or wrongs, their recovery from violations of their personal security, or both;
- community, societal, and international systems to promote children's safety, enhance the quality of their care, and/or facilitate the mitigation of harms and wrongs that they may suffer;
- children's, parents', and other caregivers' own experiences, attitudes, and beliefs in regard to all of these topics.

Child Abuse & Neglect recognizes that child protection is a global concern and that the state of the art continues to evolve. Accordingly, the journal is intended to be useful to scholars, policymakers, concerned citizens, and professional practitioners in countries that are diverse in wealth, culture, and the nature of their formal child protection system. Thus *Child Abuse & Neglect* welcomes contributions grounded in the traditions of particular cultures and settings. However, international and cross cultural studies and commentary are of special interest.

AUDIENCE

Includes but is not limited to: Economists, Historians, Planners, Political Scientists, Ethicists, Legal Scholars, Political Theorists, Theologians Psychologists, Lawyers, Psychiatrists, Nurses, Social Workers, Sociologists, Public Health Workers, Law Enforcement, Educators, Pediatricians and Anthropologists.

GUIDE FOR AUTHORS

Types of contributions

1. Reports of Empirical Research: Child Abuse and Neglect publishes reports of quantitative, qualitative, and mixed-method research. However, research methods must be appropriate, of course, for the questions posed, and all empirical reports are subject to peer review in relation to the scientific adequacy of the methods and the interpretations of results. Include a clear introductory statement of purpose; historical review when desirable; description of method and scope of observations; full presentation of the results; brief comment/discussion on the significance of the findings and any correlation with others in the literature; section on speculation and relevance or implications; summary in brief which may include discussion. Abstracts for these manuscripts should follow conventional APA style. The journal does not publish articles focused exclusively on instrumentation.

2. Types of contributions: Plans for proposed reviews are invited in draft outline in the first instance. The editors will commission reviews on specific topics. Reviews submitted without invitation or prior approval will be returned.

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3. Theoretical and Policy Analyses: Such articles must present a creative integration of empirical research and/or normative (legal, philosophical, and/or theological) analyses. The coherence of the argument, the strength of its foundation, and the tightness of the logic will be major factors in evaluation of such manuscripts. Abstracts for these manuscripts should follow conventional APA style.

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